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Follow-up to the World Summit for Social Development and the twenty-fourth special session of the General Assembly: Review of relevant United Nations plans and programmes of action pertaining to the situation of social groups: preparations for and observance of the tenth anniversary of the International Year of the Family

Statement submitted by the International Society for Traumatic Stress Studies, a non-governmental organization in special consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is circulated in accordance with paragraphs 36 and 37 of the Economic and Social Council resolution 1996/31 of 25 July 1996.

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Internationally, traumatic events occur daily. Conflicts such as those in Sierra Leone, East Timor, the former Yugoslavia and Afghanistan, terrorism such as the Tokyo sarin gas release and the attacks on the World Trade Center and the Pentagon, and chemical and nuclear disasters such as those in Bophal and Chernobyl all create adversity in the lives of countless people. Natural disasters following earthquakes, hurricanes and floods also contribute to stress on massive levels. Rape, child abuse and torture are common experiences worldwide affecting untold numbers of individuals and families.

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We applaud the pledge made in the Copenhagen Declaration adopted at the World Summit for Social Development in 1995 to address factors associated with the following traumatic experiences: the eradication of poverty in the world; prioritization of the rights of vulnerable and disadvantaged groups; and provisions for mental and physical health care. The World Summit recognized the importance of traumatic life events in creating disability and dysfunction in countries the world over.

The salience of the Copenhagen commitments was underscored by the follow-up conference in Geneva in 2000. Numerous specific references to the needs of traumatized populations were included in the initial and final documents. We welcome and support the increasing efforts of several United Nations agencies and bodies to assess and address these needs. Indeed, interventions are needed for: abused and neglected children; abused elderly; maltreated mentally and physically disabled; victims of crime and violence; victims of torture; children in armed conflict; refugees and internally displaced persons; former combatants, military and prisoners of war; victims of disaster; and United Nations peacekeepers, civilian police, medical and humanitarian personnel, all of whom are exposed to events that have the potential to exact a tremendous emotional toll. As the World Summit made clear, most traumatic experiences are not random, unexplained events, but rather an interaction of poverty, unemployment and social disintegration. Unfortunately, the affected are the very same people who are least likely to seek and receive assistance.

Common responses to traumatic events and human and economic costs

Fortunately, most individuals are remarkably resilient. However, traumatic events, especially those of human origin, expose individuals to overwhelming levels of danger and fear. Repetitive exposure to these events depletes personal resources.

Responses to extreme stressors range from mild distress to severe reactions and chronically disabling psychiatric conditions like post-traumatic stress disorder. According to a recent report by the World Health Organization (WHO), which examined the global burden of disease, psychiatric conditions such as depression now account for 5 of the 10 top causes of disability worldwide (WHO/World Bank/Harvard University). In that document, the growing problem of trauma exposure and its psychological consequences was highlighted. By 2020, the problems secondary to violence will exceed most physical diseases.

Traumatized individuals are also more likely to have serious physical health problems, including coronary heart disease, chronic pain, gastrointestinal disorders, headaches and seizures. They also need more visits to physicians and have higher hospitalization rates. Further, traumatic events can also result in marital, family, social, occupational and financial problems for survivors. Lifetime earnings of child abuse survivors, refugees, survivors of war and genocide are adversely affected by their experiences, suggesting a serious economic burden.

Traumatic stress often arises in an environment of poverty and social deprivation; clearly the resources spent in responding to traumatic experiences could be better employed. Preventing their occurrence through policies and programmes that promote social development is a priority and a salient dimension of the culture of prevention and risk management strongly promulgated by Secretary-General Kofi Annan.

Intervention strategies

Viewing these life experiences from the perspective of traumatic stress integrates the burgeoning knowledge about intervention strategies to social and public policy makers on the local, regional, national and international levels. Intervention strategies must take into account the variability in cultures and in available resources endemic to different geographic regions. The degree of development and complexity of the health and welfare systems in each nation will greatly affect the feasibility of implementing different programmes.

Suggested mental health interventions are primarily preventive, with a goal of shortening the course of emotional problems by early identification and rapid intervention and of fostering natural resiliency. For many survivors, providing for basic needs such as safety, food, shelter, education and health care may be all that is needed. Prevention may involve provision of a safe and healthy recovery environment, reunion of family and community members and reparations and compensation. When more direct emotional help is needed, culturally sensitive psychosocial and mental health services should be integrated with other geographically, economically, socially and culturally accessible systems providing assistance to victims. Programmes can be implemented at the societal, community, network/neighbourhood, family and individual levels. These programmes vary in target and intensity and can include social policy, safety programmes, public education, coordination, capacity-building, training, self-help, counselling and clinical intervention.

Five different levels of programme intervention are proposed in our accompanying guidelines. They are elaborated in *Trauma in War and Peace: Prevention, Practice, and Policy*, prepared by the International Society for Traumatic Stress Studies through extensive consultation with United Nations agencies and bodies (Kluwer Academic/Plenum Publishers). These five levels of interventions are: societal, community, network/neighbourhood, family and individual. Interventions designed for whole populations are cost-effective. Interventions that target individuals or small groups are the most expensive and require the highest level of education and training for appropriate delivery. There are different types of interventions for each of the five levels: social policy, safety programmes, public education, coordination, capacity-building, self-help, counselling or clinical intervention.

Several fundamental assumptions apply to the delivery of all interventions:

(a) Mental health problems in communities transcend time and generations and require intervention so that violence does not recur;

(b) Problems of those exposed to traumatic stress bear some consistency across cultures, perhaps owing to the biological and cognitive dimensions of the responses to traumatic events;

(c) Interventions based on training and education are nearly universally acceptable as methods for improving stressful conditions and promoting resilience;

(d) Treatment can reduce the severity of the reactions, lend hope for recovery and prevent a downward deterioration of psychological status of the individual;

(e) When possible, community leaders, health-care providers and other key community stakeholders should collaborate in egalitarian ways in the delivery of

services and be empowered to continue doing so as external resources are withdrawn;

(f) "Train the trainer" models provide a useful method for defining the roles of external support and the indigenous internal deliverers of services;

(g) Culturally specific methods of treatment will assist planners in providing optimal interventions.

The work of the International Working Group on Traumatic Stress had as its primary objective the recognition of global consequences of traumatic events. The impact of these events can be grave and long lasting. As a caring and concerned society, we must address these needs in systematic ways to promote adjustment and minimize psychological disability. Social development and service provision are important forms of justice for those who are adversely affected by traumatic events. In the absence of justice, future peace and prosperity are jeopardized.